

ORIGINAL

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) OLIVER LEWIS 188943

(Name of Plaintiff) (Inmate Number)

PO Box 9561-HRYCI
Wilmington De 19809

(Complete Address with zip code)

(2) OLIVER LEWIS 188943

(Name of Plaintiff) (Inmate Number)

222 N.Clayton Street
Wilmington De 19805

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) CMS(CORRT, MEDIAL SERICES

(2) Dr YOSHI CMS

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

06 - 141

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

CLERK U.S. DISTRICT COURT
FILED
DISTRICT OF DELAWARE
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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:
 1. What steps did you take? I Filed a medical grievance with the medical group C.M.S.
 2. What was the result? I seen by the new mental health Doctor
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: CMS CORRECTIONAL MEDICAL SERVICES
 Employed as Department of Corrt at Howard R Young Corrt, Facility
 Mailing address with zip code: 1301 E 12th Street or P.O. Box 9561
HRYCI Wilmington Delaware 19809
- (2) Name of second defendant: Dr. YOSHI
 Employed as CMS at HRYCI
 Mailing address with zip code: 1301 E. 12th Street or P.O. Box 9561
HRYCI Wilmington Delaware 19809
- (3) Name of third defendant: HOWARD YOUNG CORRECTIONAL INSTITUTION
 Employed as Department of Corrt, at HRYCI
 Mailing address with zip code: 1301 E 12th Street or P.O. Box 9561
HRYCI Wilmington Delaware 19809

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I was under the care of correctional medical services by Dr Yoshi in the month of Aug, 1, 2005 with a mental illness. From Aug, 1 2005 entil Jan, 22, 2006 I ^{was} giving the medication (Eleavel) by Dr Yoshi with out a mental health evaluation or emotional evaluation. the medication made ^{me} have side effects, sleep disorder, non-national behavior, mood swings and Hallucinations and cause me to get in a fight with another inmate.
- 2.
- 3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want relief for my pain and suffering relief ~~as~~ for my mental state of mind in the amout of 1.3 million dollar's

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of January, 2006

Olin Lewis
(Signature of Plaintiff 1)

Olin Lewis
(Signature of Plaintiff 2)

(Signature of Plaintiff 3)